Centre For Open and Distance Learning Uva Wellassa University of Sri Lanka



Application Form for Certificate Courses

| Name With Initials (Rev./ Mr./ Mrs./ Ms./) | | | | | | | | |
|--|--------------|--------------|--|---------------------------|--------------|-------|--|--|
| Full Name | | | | | | | | |
| Postal Address | | | | | | | | |
| Contact Teleph E mail Address | | Mobile | | Residence | | | | |
| Date of Birth | D M | Υ | 7. | Age as at applying date | D M | Υ | | |
| Gender | Male | Female | 9. | Nationality | | | | |
| NIC Number | | | | | | | | |
| Educational (| Qualificatio | ns | | | | | | |
| | | Please attac | | fied copy of Certificate) | | | | |
| | | Please attac | ch a certif Examina Grade | | | Grade | | |
| G.C.E. Ordina Year | | Please attac | Examina | tion No. | | Grade | | |
| G.C.E. Ordina Year Subject | ry Level – (| Please attac | Examina Grade | tion No. | te) if appli | | | |
| Year Subject | ry Level – (| Please attac | Examina Grade | subject | te) if appli | | | |

| 13. | Present Employment Details, if applicable (Institution, Designation, Employer etc.) | | | | | | | | | |
|-----|--|--------------------------|---|-----------|----|--|--|--|--|--|
| 14. | Have you Previously applied to this pro | ogramme | Yes | | No | | | | | |
| 15. | Are you a student of or have been sele Sri Lanka? | cted as a student of th | of the Uva Wellassa University of Yes No | | | | | | | |
| | If yes, Give Details:(Please submit all registration details w | ith the copies of releva | es of relevant letters) | | | | | | | |
| 16. | Are you a student or have registered for any other university of higher education institution? | | | | | | | | | |
| | | | Yes | | No | | | | | |
| | If yes, Give Details:(Please submit all registration details w | ith the copies of releva | nt lette | ers) | | | | | | |
| 17. | Are you a currently registered or previously registered student for another course at the Center for Open and Distance Learning of the <i>Uva Wellassa University of Sri Lanka</i> | | | | | | | | | |
| | | | Yes | | No | | | | | |
| | If yes, Give Details: | | | | | | | | | |
| 18. | s. Any other Relevant information that you wish to inform | | | | | | | | | |
| 19. | Declaration by the Applicant | | | | | | | | | |
| | I do hereby certify that the above Particulars furnished by me are true and accurate to the best of my Knowledge. In the event of my application for registration being accepted, I shall abide by the rules and regulation governing external candidates of Uva Wellassa University of Sri Lanka. | | | | | | | | | |
| | Date Signature | | | | | | | | | |
| | | | | | | | | | | |
| - | For Office Use Only | | | | | | | | | |
| | Selection Committee Recommendation | | | | | | | | | |
| | Recommendation of the Programme | Recommended | Not Recommended | | | | | | | |
| | coordinator | Signature | | | | | | | | |
| п | Payments Details | 1 | | Reference | | | | | | |
| - | Description See | Date received | | | | | | | | |
| - | Application Fee Course Fee | | | | | | | | | |
| - | Other | | | | | | | | | |
| L | Vinci | J | | 1 | | | | | | |

File Reference